



012804

16638

U.S. PTO



00727 U.S. PTO

10765400



012804

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

00862.023442

First Named Inventor or Application Identifier

JUN MIYAJIMA

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.3. ☒ Specification *Total Pages* **55**4. ☒ Drawing(s) (35 USC 113) *Total Sheets* **19**5. ☒ Oath or Declaration *Total Pages* **1**a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)i. ☐ **DELETION OF INVENTOR(S)**
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).6. ☒ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (*Appendix*)8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Other: _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/_____
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

05514

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

NAME

Address

City

State

Zip Code

Country

Telephone

Fax



16638



U.S. PTO

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 86.00 =	\$86.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$770.00
	Total of above Calculations =				\$856.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$856.00

19. Small entity status

- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 856.00 to cover the filing fee is enclosed.

21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Scott D. Malpede - Reg. No. 32,533
SIGNATURE	
DATE	January 28, 2004

SDM/kkv

DC_MAIN 156314v1